

COMMONWEALTH OF VIRGINIA

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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

January 17, 1992

Administrative Letter
1992-2

TO: All Companies Licensed to Write Commercial Liability Insurance

RE: Report of Certain Liability Claims as Required by Virginia Code Section 38.2-2228.1 due September 1, 1992

Virginia Code Section 38.2-2228.1 requires that all liability claims for commercial liability insurance as defined in Sections 38.2-117 (Personal injury liability) and 38.2-118 (Property damage liability) be reported annually to the State Corporation Commission (SCC). The SCC Bureau of Insurance has developed the attached Exhibits ((1) general instructions and definitions, (2) exemption request form, (3) market definitions) and reporting forms that insurers should utilize to meet the data reporting requirement of the Code.

A separate report is required for each market definition by each insurer not exempt from the data reporting requirements. For the purposes of the data report, "insurer" shall mean an individual insurer or group of insurers under common ownership or control. A combined report must indicate it is a group report and include the group name and NAIC number as well as the name and NAIC number of each individual insurer comprising the group. The reports, or exemption forms must be filed by September 1, 1992.

Mutual assessment insurers are exempt from all reporting requirements. All other insurers with 1991 written premiums combined totaling \$100,000 or less for "Other Liability", "Products Liability" and "Medical Professional Liability" (lines 17, 18, and 11 respectively of page 14 of the Annual Statement) are exempt from the data reporting requirements. Insurers claiming the premium volume exemption should refer to Exhibit 1 for instructions on completing the exemption form (Exhibit 2).

VIRGINIA LIABILITY CLAIMS REPORT

Insurer

NALC # or GROUP # _____

Market _____
(from #1 on VCR1)

Coverage

Code

(Please check one only)

1. () Claims Made
2. () Claims Made Tail Coverage
3. () Occurrence
4. () Claims Made - No retroactive date
5. () Claims Made Tail - No retroactive data

12. For accident years beginning with 1982, list the cumulative number of incurred claims at the various points in time.

ACTUAL NUMBER OF INCURRED CLAIMS AS OF:

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
1982	XXX																	
1983	XXX																	
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991																		

Accident

Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114
------	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----

1982
1983
1984
1985
1986
1987
1988
1989
1990
1991

VCR5(1/92)

VIRGINIA LIABILITY CLAIMS REPORT

Coverage

Code

(Please check one only)

1. () Claims Made

2. () Claims Made Tail Coverage

3. () Occurrence

4. () Claims Made - No retroactive date

5. () Claims Made Tail - No retroactive data

Insurer
NAIC # or GROUP # _____

13. Market _____
(from #1 on VCR1)

14. For accident years beginning with 1982, list the IBNR for loss and allocated loss adjustment expense for each evaluation.

INCURRED BUT NOT REPORTED (IBNR) LOSS AND ALLOCATED:
LOSS ADJUSTMENT EXPENSE EVALUATED AS OF:

(\$000 Omitted)

Accident Year	12 Mos	24	36	48	60	72	84	96	108
1982									
1983									
1984									
1985									
1986									
1987									
1988									
1989									
1990									
1991									

VIRGINIA LIABILITY CLAIMS REPORT

Insurer
NAIC # or GROUP # _____

10. Market _____
(from #1 on VCR1)

Coverage
Code
(Please check one only)
1. () Claims Made
2. () Claims Made Tail Coverage
3. () Occurrence
4. () Claims Made - No retroactive date
5. () Claims Made Tail - No retroactive date

11. For accident years beginning with 1982, list the cumulative incurred loss and allocated loss adjustment expense (excluding 18NR) at the various points in time.
(Sum of 8 and 9).

INCURRED LOSS AND ALLOCATED LOSS ADJUSTMENT EXPENSES EVALUATED AS OF:

Accident Year	6 Mos	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
	(\$000 Omitted)																	
1982	XXX																	
1983	XXX																	
1984	XXX																	
1985	XXX																	
1986	XXX																	
1987	XXX																	
1988	XXX																	
1989	XXX																	
1990	XXX																	
1991																		
Accident Year	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114